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Group Art Unit

Examiner Name

FMO P-3300-2 Attorney Docket Number **DECLARATION FOR UTILITY OR** Ernest C. Weyhrauch **First Named Inventor DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) 1 Application Number □ Declaration Filing Date OR Submitted Submitted after Initial

Filing (surcharge

(37 CFR 1.16 (e))

required)

As a below named inventor, I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
INCANDESCENT HALOGEN LAMP HAVING FLATTENED FILAMENT SUPPORT LEADS						
the specification of which	(Title of th	ne Invention)				
is attached hereto						
OR OR			•			
was filed on (MM/DD/YYYY) as United States Application Number or PCT International						
Application Number	and	was amended on (MM/DD/	YYYY)	(if	applicable).	
I hereby state that I have review specifically referred to above.	wed and understand the conte	ents of the above identified s	pecification, includin	g the claims as an	nended	
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?	
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s) Filing Date (MM/DD/YYYY)				
			numbers are a supplemer	rovisional application listed on stal priority data should attached hereto.		

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR							
Given Name E (first and middle [if any])	rnest C.			ily Name \	Neyhra	uch	
Inventor's Signature	1/2	4				Date 10/17/0/	
Residence: City Cookeville	s	tate TN	Cou	intry USA		Citizenship USA	
Mailing Address 566 Hillwood Drive							
Mailing Address							
City Cookeville	State Ti	V	ZIP	38506	Countr	y USA	
NAME OF SECOND INVENTOR	₹		A peti	ition has been file	d for this	unsigned inventor	
Given Name (first and middle [if any])				ily Name urname			
Inventor's Signature						Date	
Residence: City	ence: City State		Country			Citizenship	
Mailing Address							
Mailing Address							
City	State		ZIP	ZIP Country		у	
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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Application Number	
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First Named Inventor	Ernest C. Weyhrauch
Group Art Unit	
Examiner Name	
Attorney Docket Number	FMO P-3300-2

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Assignee of record of the entire interest. See 37 CFR 3.71.						
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name ERNEST C. WEYHRAUCH						
Signature / myt. Naff						
Date / 10/17/01						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
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